



11-02-15A10:11 RCVD

REPORT OF ELECTIONEERING COMMUNICATION

For use by a person who has expended \$100 or more per year on electioneering communications.

Any person incurring costs of \$1,000 or more must file within 48 hours of incurring costs.

Name of person/entity John Pendlebury City Council/Seat 1
Address (Physical) 275 Marjorie City Idaho Falls State ID Zip 83401
Mailing Address Same City _____ State _____ Zip _____
Telephone 208-523-2908

TYPE OF REPORT

☐ 7 Day Pre-General Report☐ 30 Day Post-General Report☒ 48 Hour ReportIs this an amended report? ☐ No ☐ Yes

This amends a previous report filed on _____

Date of Public Distribution(s) 10/31/15 - 11/3/15

Total Expenditures this Statement	\$ 1,002.00
Total Itemized Contributions of \$50 or More this statement	\$
Total Contributions this statement	\$ 1002.00

City Clerk Contact Info

Return this report to:

Kathy Hampton
City Clerk
City of Idaho Falls
308 Constitution Way
Idaho Falls, ID 83402
(208)612-8414
Fax: (208)612-8560
khampton@idahofallsidaho.gov

I, Tamara J. Longue, hereby certify that the information in this
Name of Individual Completing Report
report is a true, complete and correct Campaign Financial Disclosure Report as required by law.

Tamara J. Longue
Signature of Individual Completing Report

11/2/15
Date Signed

Itemized Expenditures for Electioneering Communication

Name of person/entity: John Pendlebury City Council Seat 1

1. Date Expended <u>10/30/15</u>	3. Name (last, first) <u>Rich Broadcasting</u>
2. Amount \$ <u>1002.00</u>	4. Address <u>1406 Commerce Way</u>
cash <input checked="" type="checkbox"/>	5. City/State/Zip <u>Idaho Falls, ID 83401</u>
in-kind <input type="checkbox"/>	6. Method of Communication(s) <u>Radio advertising</u>
	7. Name of Candidate(s) referred to <u>John Pendlebury</u>
	8. Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/>
	9. Purpose of Expenditure <u>Advertising for Candidate</u>

1. Date Expended _/_/	3. Name (last, first) _____
2. Amount \$ _____	4. Address _____
cash <input type="checkbox"/>	5. City/State/Zip _____
in-kind <input type="checkbox"/>	6. Method of Communication(s) _____
	7. Name of Candidate(s) referred to _____
	8. Support <input type="checkbox"/> Oppose <input type="checkbox"/>
	9. Purpose of Expenditure _____

1. Date Expended _/_/	3. Name (last, first) _____
2. Amount \$ _____	4. Address _____
cash <input type="checkbox"/>	5. City/State/Zip _____
in-kind <input type="checkbox"/>	6. Method of Communication(s) _____
	7. Name of Candidate(s) referred to _____
	8. Support <input type="checkbox"/> Oppose <input type="checkbox"/>
	9. Purpose of Expenditure _____

1. Date Expended _/_/	3. Name (last, first) _____
2. Amount \$ _____	4. Address _____
cash <input type="checkbox"/>	5. City/State/Zip _____
in-kind <input type="checkbox"/>	6. Method of Communication(s) _____
	7. Name of Candidate(s) referred to _____
	8. Support <input type="checkbox"/> Oppose <input type="checkbox"/>
	9. Purpose of Expenditure _____